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TO: Commissioner for Patents  
Attn: Examiner James O. Wilson  
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Washington, D.C. 20231

FROM: Karen S. Canady  
OUR REF.: G&C 30794.30-US-WO  
TELEPHONE: (310) 642-4148

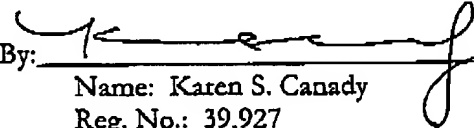
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Total pages, including cover letter: **13**

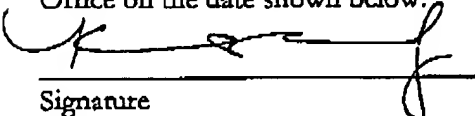
**PTO FAX NUMBER: 703 872 9307**

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|                                |   |
|--------------------------------|---|
| Title of Document Transmitted: | AMENDMENT UNDER 37 C.F.R. 1.111 INCLUDING AN APPENDIX SHOWING THE CHANGES MADE AND PTO-2038 CREDIT CARD PAYMENT FORM. |
| Applicant:                     | Norbert O. Reich et al.   |
| Serial No.:                    | 09/485,071  |
| Filed:                         | February 3, 2000  |
| Group Art Unit:                | 1623  |
| Our Ref. No.:                  | G&C 30794.30-US-WO  |

By:   
Name: Karen S. Canady  
Reg. No.: 39,927

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Resending to include  
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G&C 30794.30-US-WO

Due Date: August 15, 2002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Norbert O. Reich et al. Examiner: James O. Wilson  
Serial No.: 09/485,071 Group Art Unit: 1623  
Filed: February 3, 2000 Docket: G&C 30794.30-US-WO  
Title: MODULATORS OF DNA CYTOSINE-5 METHYLTRANSFERASE AND METHODS FOR  
USE THEREOF

**CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that this correspondence is being filed via facsimile transmission to the U.S. Patent and Trademark Office on August 15, 2002.

By:   
Name: Karen S. Canady

BOX AP  
Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing a Certificate of Mailing or Transmission under 37 CFR 1.8.
- ☒ Amendment Under 37 C.F.R. 1.116 including an Appendix showing the changes made.
- ☒ PTO-2038 Credit Card Payment Form for the amount of \$42.00 for the additional fees is enclosed herewith.

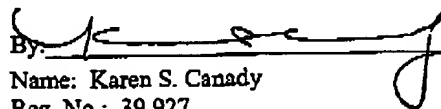
**CLAIMS PRESENT**

| Claims Remaining:            | Highest Number Previously Paid For: | Number Extra | Rate      | Fee       |
|------------------------------|-------------------------------------|--------------|-----------|-----------|
| Total Claims                 |                                     |              |           |           |
| 23                           | 25                                  | 0            | x \$9.00  | = \$0.00  |
| Independent Claims           |                                     |              |           |           |
| 5                            | 4                                   | 1            | x \$42.00 | = \$42.00 |
| MULTIPLE DEPENDENT CLAIM FEE |                                     |              |           | \$0.00    |
| TOTAL FILING FEE             |                                     |              |           | \$42.00   |

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Please charge any additional fees or credit any overpayment to Deposit Account No. 50-0494 of Gates & Cooper LLP. A duplicate of this paper is enclosed.

Customer Number 22462  
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